

COUNCIL-SPONSORED PROGRAM EVENT REGISTRATION FORM

Complete a separate form for each event, and provide all the information requested. You may duplicate this form as needed. Fax your registration with credit card information to 763-535-7524, or mail with payment to: 5601 Brooklyn Boulevard, Brooklyn Center, MN 55429. You may also register on the website at www.girlscoutsv.org, using the electronic registration form with a credit card. Please note: if you are registering an individual girl without a chaperone and the event requires a chaperone, your registration form may be returned.

Registering as a: Troop Individual Girl with Chaperone Individual Girl without Chaperone Add-on participant(s)

Troop Leader or Individual Girl Name: _____ Date: _____

Address: _____ Day Phone: (____) _____

City/State/Zip: _____ Evening Phone: (____) _____

E-mail Address: _____ Cell Phone: (____) _____

Service Unit: _____ Juliette or Troop #: _____

Program Grade Level: Girl Scout Daisy Girl Scout Brownie Girl Scout Junior Girl Scout Cadette
 Girl Scout Senior Girl Scout Ambassador

Grade(s) of Girl(s): _____ Event Title: _____ Event Code: _____

Date Begins: _____ Date Ends: _____

Location: _____ Time (Begin - End): _____

Please list all event participants below (if additional spaces are required, continue list on back of this form or attach your own participant roster. If you attach your own roster, include all information requested on the form below). An incomplete registration form will not be processed and will be returned for you to complete and resubmit. **Participant list continued on back.**

Name – Last, First, Middle Initial	Phone	Girl	Adult	Special Needs (accessibility, dietary, interpreter, etc.)
1.				
2.				
3.				
4.				
5.				
6.				

Payment (including any cookie credits and/or grant applications) must be submitted with your registration form. Registration cancellation must be received in writing 30 days prior to the event to be eligible for fee refund. In utilizing this form, you are agreeing to comply with all event registration procedures, including this cancellation statement, as well as inform parents/guardians of the procedures and statement.

Payment Information Fee per girl: _____ x _____ # of girls = \$ _____
 Fee per adult: _____ x _____ # of adults = \$ _____ Total Enclosed: \$ _____

Method of Payment: Check or money order payable to River Valleys: \$ _____
 Charge my credit card: \$ _____
 Cookie Credits: \$ _____ Grants for Girls Application(s): \$ _____
 Credit Card Type: Visa Master Card Discover 3-digit Security Code: _____
 Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____
 Cardholder's Signature: _____



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Please list any additional event participants below. If you attach your own roster, include all information requested on the form below. An incomplete registration form will not be processed and will be returned for you to complete and resubmit.

Name – Last, First, Middle Initial	Phone	Girl	Adult	Special Needs <i>(accessibility, dietary, interpreter, etc.)</i>
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